## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

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5. Change in Entity Status (from status indicated above)	_							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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L	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/02/2008
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
	CHAVIS	, JOHN Q	2193	717-136000			
Ī	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1853)  ☐ Change of correspondence address (or Change of Correspondence Address form FTO38122) attached.  ¾ "Fee Address" indication (or "Fee Address" Indication form F10'SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2 FLE	VAUGHAN

FIRST NAMED INVENTOR

Debra Lyn Orton

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

08/27/2003

TITLE OF INVENTION: OBJECT-ORIENTED OPERATING SYSTEM

05/30/2008

7590

PVF -- APPLE COMPUTER, INC.

c/o PARK, VAUGHAN & FLEMING LLP

62096

2820 FIFTH STREET DAVIS, CA 95618-7759

APPLICATION NO

10/648.471

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) ORJECT TECHNOLOGY CUPERTING, CA

LILENSING CORPORATION

Please check the appropriate assignee category or categories (will not be printed on the patient): 🔲 Individual 🔀 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Lissue Fee Publication Fee (No small entity discount permitted)

A check is enclosed.

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I hereby certify that this Fee[s] Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.

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4719